

## POLITICAL INQUIRY FORM REQUEST FOR NON-CANDIDATE/ISSUE RATECARD

Market/Station: WCBS/WLNY- New York						
Date of Request: 12/4/19						
Request Received By: Carolyn Xu						
1.	PHONE 30 Newport Pkwy apt 2		30 Newport Pkwy apt 2110 Jersey City NJ 07310-1512		Agency Contact: Carolyn Xu	
2.	NAME, ADDRESS & PHONE		Move Healthcare Forward PO Box 999 Edison NJ 08818 732-280-9600		*REQUIRED: List the chief executive officers, members of the executive committee, or the board of directors and their titles: Ron Gravino -Treasurer	
3.	ORGANIZA	PRGANIZATION FURNISHING TAPES: See Line 1				
4.	SELECT ONE AND COMPLETE BOXES AS APPLICABLE:  The organization listed in BOX 2 has purchased time to communicate a message THAT DOES REFER to a matter of national importance (a legally qualified candidate for federal office, an election to federal office, or a national legislative issue of public importance)					
		Identify the legally qualfied candidate for federal office mentioned in the message, if applicable:				
		Identify the election to federal office mentioned in the message, if applicable:				
	Identify the national legislative issue of public importance mentioned in the message, if applicable:		nessage, if applicable:			
	e	The organization listed in BOX 2 has purchased time to communicate a message THAT DOES NOT REFER to a matter of national importance				
	·	Identify the issue to which the message refers: NJ Law to improve healthcare.				
		POLITICAL PARTY (i	fapplicable):			
5.	NATURE OF REQUEST:					
	Request For NON-CANDIDATE/ISSUE Card All Dayparts, All Programs, All Classes of Time, All Lengths		;	<u> </u>		
6.	DISPOSITION MADE OF REQUEST:  a) Granted/Avails Offered				57	
	=	jected (Provide Reason)				
7.	SUBSEQUE	NT DEVELOPMENTS/A	AMOUNT OF CHARGES:	SEE FILE		
	CBS EMPLOYEE COMPLETING FORM			MPLETING FORM		
			Kerry Murphy, CBS Television Stations, 12/4/19			